APPLICATION FOR A PERMIT TO CONSTRUCT, RECONSTRUCT OR ALTER A PRIVATE SEWAGE DISPOSAL SYSTEM IN O'BRIEN COUNTY

1. Permit Application Fee: \$250	0.00	Date of App	lication:	
2. Owner:	Address:			
City:		Zip: Telep	hone:	
3. Address of Installation:		City:	Zip:	
Township:	Section:	Lot Size:	_x or acres:	
4. Contractor:	Address:		Telephone	e:
5. <u>Building Type</u> : ⊠ Ne	w 🗵 Existing Basement	fixtures (toilet, showe	er, washer) \(\bar{\sqrt{Yes}} \bar{\sqrt{N}} \)	0
⊠Commercial: Type Describe business and source of v	of business or building	siness or building# employees		
⊠Single Family House	e: Number of Bedrooms			
⊠Multi Family:Numb	er of UnitsNo. of Bed	rooms/unit: 1BR	2BR3BR4E	3R
	at apply): Dublic and/or Dublic System s must be identified even if you a	Distance of Well		ı the well)
	o scale) of the proposed septic septic tank (d) laterals (e) wells (fee tiles (if known) (i) water lines to	f) driveways (g) lake, st		ch (h)
8. If you are replacing or repa Loan Program? ⊠ Yes ⊠ No				
9. <u>Certification</u> I certify that, to the best of my kn completed in accordance with Ch systems) before the system is place the system.	apter 69 of the Iowa Administrati	ive Code (On-site waste	water treatment and disp	osal
No part of the proposed system sh	nall drain into any ditch, body of	water, stream, drainage	tile, or be exposed to ope	en air.
The O'Brien County Board of He reasonable accessible. The O'Bri does not warrant the performance	en County Board of Health, by is	suance of this permit ar	nd performance of related	
	ermit fee to: O'Brien County P 2-957-0105/ Fax 712-957-011: For use by O'Brien Co	Public Health ~PO Box 5/ E Mail- obcoeh@		45
Per	mit to Construct A Private	e Sewage Disposal	System	
Permit Fee Receive	Date			_
Application Approved	: O'Brien County Environmenta	l Health Specialist	Date Approved	
System Requirements: Septic	Tankgallons - Leach	Fieldft 24" wid	e trench orft 36'	'wide trench